					IT INTERVIEW FORM: Potential Violations			TCEQ Add. ID No. RN No (optional)			
<u> </u>											
			ER Contact Made In-House (Y/N) Jean-Marie Cencetti			Y P	urpose of Investigation	Emergency Response	Date Contacted FAX/Email date	9/4/2017	
						Telephone No.	elephone No.	610-878-6632			
							AX #/Email address				
elated to	violations. An	y potential or allege	d violations	discovere	ovide clarity to issues that have arisen du d after the date on this form will be comn s discovered (if any) during the course of	nunicated to t	he regulated entity representative	prior to the issuance of a notice of			
	ssue	For Records	Request,	identify	y the necessary records, the corrly described potential problem	mpany co	ntact and date due to the	agency. For Alleged and	Potential Violation	issues, include t	he
No.	Type ¹	Rule Citat	ion (if kno	own)	Description of Issue						
1	RR	N/A			Please provide a facility map including the locations of the trailers storing organic peroxides						
2	RR	N/A			Please provide a map of the area including the exclusion zone area.						
3	RR N/A Please provide locations					where samples were taken during the duration of the event.					
					ed Violation), PV (Potential Violat		•				
	~			•	named above operating witho			☐ Yes	□ No		
Did th	ne investig	ator advise the	e regulate	ed entity	y representative that continue	d operation	on is not authorized?	☐ Yes	□ No		
					nent establishes only that the regulation of the			copy of this document and as	sociated continuation p	ages on the date no	oted. I
Kendra Bernhagen						9/4/17					A0000000000000000000000000000000000000
Investigator Name (Signed &Printed)						Date	Regulated E	Entity Representative Name (Signed & Printed) Date			
					rm, please contact your local TCE mation that the agency gathers on its form			ormation corrected. To review su	ch information, call 512/2:	39-3282.	

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